

ISSUE OR REBATE AREA (for additional cross references)

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	DIP	1021	1-5-98
O.I.P.E. CLASSIFIER		10	4-14-98
FORMALITY REVIEW	DD	68971	5-5-98

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	7-20-00
2	1/15/91
3	9-29-01
4	6-6-02
5	10-1-04
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	✓
16	=
17	✓
18	
19	=
20	✓✓
21	✓
22	✓
23	✓✓
24	=✓
25	✓✓✓
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓✓✓✓
46	✓✓✓
47	✓✓✓
48	✓✓✓✓
49	✓✓✓✓
50	✓✓✓✓

Claim	Date
Final	
Original	7-20-00
51	1/15/91
52	9-29-01
53	=
54	6-6-02
55	10-1-04
56	
57	=
58	=
59	
60	
61	
62	✓=
63	=✓✓
64	✓✓✓
65	1=
66	✓=
67	✓=
68	✓=
69	=
70	=
71	=
72	=
73	=
74	✓=
75	✓=
76	✓=
77	✓=
78	=
79	✓✓✓
80	✓✓✓
81	✓✓✓
82	✓=
83	✓=
84	✓✓
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94	
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96	
97	
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99	
100	✓✓

Claim	Date
Final	
Original	9-29-91
101	<
102	6-6-02
103	
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149	✓
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If more than 150 claims or 10 actions
staple additional sheet here

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